Koori Hearing List Referral Form

Participation in the Koori Hearing List is voluntary. Only complete this referral form if the accused consents to engage with the Koori Hearing List, which will include participating in a Program Suitability Assessment to understand their needs and determine the most suitable supports to meet those needs. Completed referral forms are to be emailed to the Koori Hearing List.

Participant information

Referral Date:	**Case Number/s:** (List all relevant)
Full Name:	**Preferred Name:**
Date of Birth:	**Place of Birth:** (Town/Suburb, State etc.)
Gender: (Man / Woman / Non-binary / I use a different term: (please provide) / Prefer not to say)	
Cultural Identity: (Aboriginal / Torres Strait Islander / Both Aboriginal and Torres Strait Islander)	
Cultural Connection/Mob: (if known)	
Address: (Proposed bail address)	
Contact number:	**Email:**
Emergency contact person: (Name and relationship to participant)	
Contact number:	**Email:**

Participant status

Custody status: (In custody / Bail / Sumons)		**Date of Remand:**
CRN:	**JAID:**	**Remand Location**: (Police cells, Prison, Other correctional
Has a previous bail application been made in this matter? ☐ Yes ☐ No		
Date of previous bail application/s:		

Referrer information

Referrer name:	**Relationship to participant:** (Lawyer, Family, Friend, Other – provide details)
Contact number:	**Email:**
Name of legal representative and organisation (if not referrer):	
Legal representative contact details: (Email or phone)	
Has participant given consent to engage with the Koori Hearing List? ☐ Yes ☐ No	

Family information and cultural connection

This information helps to understand the participant's readiness to participate in the Koori Hearing List and assists in identifying suitable supports. We appreciate people have different family experiences and connections. If the participant does not know some details about their family, or has grown up apart from their family, please provide as much information as possible.

Family member	Name/Tribe/Clan
Mother	
Father	
Maternal Grandmother	
Maternal Grandfather	
Paternal Grandmother	

Paternal Grandfather	

Does the participant have a connection to culture and/or to community?
(Provide as much information as possible)

Custodial vulnerability factors

☐	Mobility/accessibility needs	☐	Cognitive disability/condition	☐	LGBTQIA+
☐	First offence	☐	First time in custody	☐	Caring responsibilities
☐	Older age (over 50)	☐	Youth (18-25 years)		

Have you attempted to refer participant to Youth Justice?	☐ Yes	☐ No

☐	Language or communication support needs (provide details)	
☐	Interpreter required (provide language)	
☐	Other (provide details)	

Presenting needs

This information will help the Court to understand any potential support needs of the participant.

☐	Family violence	☐	Drug or alcohol use	☐	Mental ill-health
☐	Mobility/accessibility needs	☐	Cognitive disability/condition	☐	Gambling/financial
☐	Homeless (or at risk of homelessness)			☐	Physical health condition
☐	Other (provide details)				

Has the participant previously engaged with any other service(s)?

☐	Court Integrated Services Program (CISP)	☐	Assessment and Referral Court (ARC)	☐	Drug Court
☐	Koori Court Officer	☐	Forensicare MHARS	☐	Community Correctional Services (CCS)
☐	Local Justice Worker	☐	Ngwala	☐	Odyssey House
☐	Salvation Army	☐	Anglicare	☐	Berry Street
☐	Djirra	☐	Dardi Munwurro	☐	Wulgunggo Ngalu
☐	Oonah Health & Community	☐	Victorian Aboriginal Health Service (VAHS)	☐	Victoria Aboriginal Community Services Association Ltd (VACSAL)
☐	Other (provide details)				

Background information

☐	Matter listed in the indictable crime/committal stream	☐	Subject to an interstate order	☐	Charged with a sex offence
☐	Currently on a CCO	☐	MHARS report available	☐	Matter commenced in BaRC
☐	Listed on any current FVIO/PSIO?		Is the participant the:	☐	Protected Person
				☐	Respondent
				☐	Both

Relevant documents

Mandatory		If available	
☐	Remand summary	☐	Professional reports
☐	Prior criminal history	☐	MHARS report
		☐	CCO contravention report

Comments

Provide any other information that will help the Koori Hearing List determine appropriate support for the participant.

Contact

Referrals and enquiries relating to the Koori Hearing List – **Email:** KHLMelbourne@courts.vic.gov.au
Melbourne Magistrates Court Phone: 9628 7826